



Mansfield Parks & Recreation

Family, Fitness & Fun

No School, No Problem! Join Us For

Recreation Rescue

Dave & Busters



Thursday, March 24, 2016

Mansfield Middle School Gym, 7:30 a.m. – 5:30 p.m.

Time	Activity-354003-B
7:30-10:00	Drop off/Open Play in MMS Gym Prior to leaving for the trip, the kids will participate in a variety of team building games in the gym. There will also be rainbow and shamrock arts and crafts projects!
10:00-4:30	Trip to Dave & Busters – Today we will be visiting Dave and Busters in Manchester. Kids will be given a power card to use while at Dave and Busters. There are also video games that do not require the power card. Kids will also be able to win tickets on certain games to win prizes. Please send a lunch with your child on this day.
4:30-5:30	Return from Trip - Open Play/Pickups

GRADES: K-8

LUNCH: Please pack a lunch and snack that does not require refrigeration with your child today.

CHECK-IN: A parent or guardian **MUST** come into the school to drop off and pick up their child. This is for the safety and protection of your children. Thank you for your cooperation.

COST: \$47 resident (per child) \$57 non-resident (per child)

REGISTER NOW - SPACE IS LIMITED!

ACTIVITY REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

REGISTRATION CAN BE DONE
ONLINE AT: MANSFIELDCC.COM

MAIL TO: Mansfield Parks & Recreation Department
10 South Eagleville Road, Storrs/Mansfield CT 06268

Primary Household Contact/Parent/Guardian | Secondary Contact (include address if different)

Name:		Name:	
Address:		Address:	
Town:	Zip	Town:	Zip
Phone: (H)	(W)	Phone: (H)	(W)
(Cell)		(Cell)	
Email Address:		Email Address:	

LOCAL Emergency Contact (Other than parent/guardian, i.e., grandparent, neighbor, etc.)

Name:	Phone:
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Activity # /Letters	Activity Name	Participant's Last Name	First Name	Birth Date	Sex	Fee
Contribution to Scholarship Fund						
TOTAL:						

☐ Please Check here if you have purchased a Community Center Membership.

Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application

Also fill details below for each participant:

	Grade (if child)	School (if child)	Physician	Allergies, Special Asst., Meds, Other Info:
1				
2				
3				
4				

PAYMENT INFORMATION: Please make checks payable to: Town of Mansfield

Payment method: Check ____ Cash (in office only) ____ AMEX/DS/MC/Visa (in office only) ____

(separate checks required for each program)

CREDIT CARDS PAYMENTS ACCEPTED ONLINE OR IN-PERSON ONLY

Signature _____

Date _____

WAIVER OF PARTICIPANT BY PARENT OR SFLF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. PHOTO RELEASE: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and /or videotapes of me or my minor child engages in the above listed recreational activities.

Signature _____

Date _____